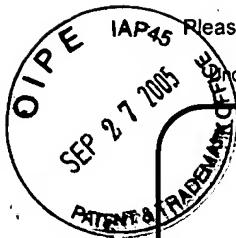


JC03 Rec'd PCT/PTO 27 SEP 2005

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/522,162
Filing Date	January 24, 2005
First Named Inventor	Daniel MEISEL et al.
Group Art Unit	To Be Assigned
Examiner Name	To Be Assigned
Total Number of Pages in This Submission	31775-210910

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> After Final <input checked="" type="checkbox"/> 2 German-Language Declarations & Powers of Attorney (4 pp each) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement; Form PTO/SB/08A; Copies of References <input type="checkbox"/> Claim for Priority; Certified Copy of Priority Document <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input checked="" type="checkbox"/> Copy of Response to Notification of Missing Requirements	<input checked="" type="checkbox"/> Assignment & Recordation Form <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Robert Kinberg Reg. No. 26,924	26694 ATENT TRADEMARK OFFICE
Signature		
Date	9/27/05	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450b on this date:

Typed or printed name		
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PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office DEPARTMENT OF COMMERCE

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ **\$170.00**)

### Complete if Known

Application Number	10/522,162
Filing Date	January 24, 2005
First Named Inventor	Daniel MEISEL et al.
Examiner Name	To Be Assigned
Art Unit	To Be Assigned
Attorney Docket No.	31775-210910

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify) \_\_\_\_\_  
 Deposit Acct'n Deposit Account Number 22-0261 Deposit Account Name: Venable LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of  Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Small Entity Fee (\$)	Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)		
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
_____	- 20 =	_____	_____	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	_____

\_\_\_\_\_ - 3 = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 =	/50 (round up to a whole number) x _____	_____	= _____

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity)

Other (e.g., late filing surcharge):

- Surcharge – Late Filing \$ 130.00
- Assignment Recordation Fee \$ 40.00

#### SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	26,924	Telephone	(202) 344-4000
Name (Print/Type)	Robert Kinberg			Date	9/27/05

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